OT, PT, SLP & AUDIOLOGY SERVICES

Medicaid & Schools Training

2020 - 2021

Overview

- Provider Participation Requirements
- Covered Services
- Consultation
- Documentation Requirements
- Clarification of Signature Requirements
- Clarification of Summary of Previous Treatment
- Evaluations

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PROVIDER PARTICIPATION REQUIREMENTS

(LEA Provider Manual, Chapter 2)

Reminder…

- DMAS reimburses only for services provided by staff employed or contracted with the LEA.
- For the purpose of this presentation, DMAS qualified providers are VA-licensed practitioners that do not require supervision.
- Therapists who require supervision or therapy assistants are not DMAS qualified providers; however, they may provide services under supervision.

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Occupational Therapy

- Occupational Therapy services must be performed by the following:
  - An occupational therapist (OT) licensed by the Virginia Board of Medicine; or
  - An occupational therapy assistant (OTA) licensed by the Virginia Board of Medicine under the supervision of a licensed OT.
  - See 18 VAC85-80, Regulations Governing the Practice of Occupational Therapy.
  - See LEA Manual, Ch. II for more information regarding provider requirements.

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Physical Therapy

- Physical Therapy services must be performed by the following:
  - A physical therapist (PT) licensed by the Virginia Board of Physical Therapy; or
  - Physical Therapist Assistant (PTA) licensed by Virginia Board of Physical Therapy under general supervision of licensed PT .
  - See 18VAC 112-20; LEA Manual, Ch. II for more information regarding provider requirements.

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Speech-Language Therapy

- Speech-Language Pathology services must be performed by the following:
  - A speech-language pathologist (SLP) licensed by the Virginia Department of Health Professions, Virginia Board of Audiology and Speech-Language Pathology with a Master's degree,
  - A SLP licensed as a school speech-language pathologist without a Master's degree, under supervision, OR
  - A master's level SLP with a provisional license through a BASLP program, currently serving their post-graduation clinical fellowship year as required by ASHA, may provide services unsupervised.
  - See LEA Manual, Ch. II for more information regarding provider requirements.

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Audiology Services

- Audiology services must be performed by the following:
  - Audiologist licensed by the Virginia Board of Audiology and Speech-Language Pathology
  - See 18VAC30-21; LEA Manual Ch. II for more information regarding provider requirements.

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Supervision

- DMAS qualified providers must follow their individual licensing regulation's supervision requirements.
- If the individual licensing regulations do not include specific time periods regarding supervisory visits (e.g., every 30 days) or type of supervisory visits (direct/face-to-face or general/indirect), then the qualified provider must meet the minimum requirements as defined by DMAS.
- DMAS minimum requirements are:
  - At least every 90 days
  - Meetings can occur face-to-face or telephonically.

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Supervision, Cont'd

- A licensed OT/PT/SLP shall be fully responsible for any actions of persons performing occupational/physical/speech-language therapy functions under the OT/PT/SLP's supervision or direction.
  Each discipline has its own set of regulations for persons performing services under the direction of a licensed professional. Please refer to these guidelines for your specific discipline.

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Supervision, Cont'd

- There is no provision for DMAS to reimburse for professional services provided by OT, PT, SLP or Audiology students, even if they are working under the direct supervision of a licensed provider.

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OT Supervision

- The Regulations Governing the Practice of Occupational Therapists and the Licensure of Occupational Therapy Assistants
  - The Supervising OT should meet with OT assistant(s) to review and evaluate treatment and progress of the individual student at least once every 10th treatment session or every 30 calendar days, whichever occurs first.
  - See 18VAC85-80-110.

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OT Supervision, Cont'd

- The Regulations Governing the Practice of Occupational Therapists and the Licensure of Occupational Therapy Assistants (cont'd)
  - The Supervising OT shall review and countersign the OTA's documentation at the time of the supervisory review and evaluation.
  - See 18VAC85-80-110

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PT Supervision

- The PTA's visits must be made under general supervision (e.g., a PT is available for consultation) 18VAC 112-20-90
- The PT shall re-evaluate the therapeutic plan at least once every 30 days or within 12 student visits, whichever comes first
  See 18VAC 112-20-120

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SLP Supervision – non-Master's

- When a Bachelor's level speech-language pathologist provides treatment, there must be a supervisory session at least every 90 days – direct or indirect. This must be documented in the monthly progress notes section.

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COVERED SERVICES

(LEA Provider Manual, Chapter 4)

PT, OT, SLP, and Audiology

- The services must be included in the student's IEP and must be directly and specifically related to an active written plan of care developed by a DMAS-qualified provider;
- The services must be of a level of complexity and sophistication, or the condition of the student must be of a nature that the services can only be performed by a DMAS-qualified provider (PT, OT, SLP or Audiologist) as defined in Chapter II of the LEA Manual;

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PT, OT, SLP, and Audiology

- Based on an assessment made by a licensed provider, services must be provided with the expectation that the condition of the student will improve in a reasonable and generally predictable period of time, or the services are necessary to establish a safe and effective program to ameliorate the condition or slow the disease progression

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PT, OT, SLP, and Audiology

- The services must be provided to address an established diagnosis using the current International Classification of Diseases (ICD) manual; and
- The services must be specific and provide effective treatment for the student's condition in accordance with accepted standards of medical practice; this includes the requirement that the amount, frequency, and duration of the services are identified, as well as long-term goals for the individual's condition.

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PT, OT, SLP, and Audiology

- A DMAS-qualified, licensed provider must develop the plan of care; however, the implementation of the plan may be carried out by a licensed therapy assistant (as allowed under Virginia law), and as defined in Chapter II of the LEA Manual

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Therapy Definitions

- Rehabilitation: Necessary medical services needed for improving or restoring functions which have been impaired by illness/disability/injury. Progress is demonstrated and the therapy requires the skills of a licensed therapist acting within the scope of his or her license and practice under State law. A therapy assistant may provide therapy services under the supervision of a qualified therapist.

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Therapy Definitions – Cont'd

- Rehabilitation Therapy to Ameliorate Symptoms or Prevent Disease Progression: Necessary medical services ameliorate (to make better or more tolerable) disease symptoms or to prevent disease progression. Therapy may be provided by the qualified therapist or a therapy assistant, under the supervision of a qualified therapist.

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Therapy Definitions – Cont'd

- Habilitation: Necessary medical services needed to assist a student in developing new skills or functions that they are incapable of developing on their own. Progress is demonstrated and the therapy requires the skills of a qualified therapist acting within the scope of his or her license. Example: A student who was never able to walk and now has gained the ability to walk.

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CONSULTATION

Consultation and Medicaid

- DMAS reimburses only for direct services with a student, and only if all other requirements are met for reimbursement as detailed in the LEA Provider Manual. DMAS does not recognize professional-to-professional interaction as a billable service.
- However, it is important to include ALL treatment activities in the student's service documentation, regardless of whether or not the services is billable.

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DOCUMENTATION REQUIREMENTS

(LEA Provider Manual, Chapter VI)

Therapy Plan of Care (DMAS 42)

- A Plan of Care must be developed by a DMAS qualified provider.
  - Cannot be developed by a COTA, PTA, SLPA or SLP without a Master's degree
- The IEP may be used as the Plan of Care if it includes all requirements of the Plan of Care.
  - IEP would need to include: Medicaid Number; ICD 10 code; measurable long-term goals; interventions, treatments, modalities; frequency of sessions; signature and credentials of provider; discharge planning
- If the IEP is also used as the POC, then the therapy goals cannot be independent. All services, as well as the POC, must be entered in the record.

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Therapy Plan of Care

- Identifying Issue/ICD 10 Diagnosis Code
  - The medical/treating diagnosis or identifying issue to be addressed by the service
  - Should be a treatment code, not the student's medical diagnosis. For example, a student with Cerebral Palsy:
    - SLPs would use a treatment code RELATED to what they are treating (articulation, language, etc.)
    - OTs would use a treatment code RELATED to what they are treating (fine motor, sensory needs, etc.)
    - PTs would use a treatment code RELATED to what they are treating (gross motor, functional mobility, etc.)

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Therapy Plan of Care

- Functional Performance
  - Should come from the present level of the IEP
- Long Term Goals/Objectives
  - Include measurable long term goals which describe the anticipated level of functional improvement together with time frames for goal achievement.
  - Long term goals can be no longer than one year from the implementation date of the Plan of Care.
  - If percentages are used for measuring goals, the percentages should change based on student's progression, not a standard time frame

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Therapy Plan of Care

- Interventions, treatment, modalities
  - Must include specific interventions, treatments, or modalities and methods that will be used during the sessions, referencing the long term goals that are the focus of the intervention.

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Therapy Plan of Care

- Interventions/treatment/modalities examples:
  - OT: Adaptive equipment/material management and training, Adaptive strategies, Assistive technology, Coordination exercises/activities, Developmental interventions, Direct instruction, Environmental Modifications, Training & Instruction in Equipment Use, Fine Motor exercises/activities, Grasping activities, Handwriting practice/activities, Observation, Positioning, Therapeutic Activity

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Therapy Plan of Care

- Interventions/treatment/modalities examples:
  - PT: Physical Therapy services will be provided for 1 hour monthly and will include consultation and staff training for wheelchair mobility/management, positioning, transfers, and accessing his school environment.
  - SLP: Homework, auditory/visual cues, self-monitoring strategies, speech/language therapy, modeling of appropriate responses, language manipulatives (worksheets, games, etc.), receptive or expressive language activities.

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Therapy Plan of Care

- Can include a range of services
- Frequency of sessions
  - Should align with the IEP
  - Frequency should be based on the smallest increment of time (weekly versus monthly)
  - If you use a vendor, be aware of how they define a billing cycle (1st - 31st vs. 4 weeks)
- Implementation Date
- Services billed must take place after the implementation date

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Therapy Plan of Care

- There should also be identification of a discharge goal.
- Discharge goal must include the anticipated improvement or maintenance of functional status and probable discharge outcomes
- Anticipated discharge date
  - Use the date of re-evaluation on the IEP UNLESS the re-evaluation date is less than one year from the POC start date, then pick a date no more than 3 years in the future

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Therapy Plan of Care

- Must be developed by the DMAS qualified provider.
  - Must be signed and dated before date of implementation of services.

Plans of care must never be back dated!

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Therapy Plan of Care

- Any significant changes in the student's condition must be noted with subsequent revisions in the Plan of Care or Plan of Care Addendum.
  - This includes revisions, additions, and deletions of the goals, and any changes to the frequency or duration of services.
  - Can't amend in order to extend the length of the POC

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Progress Notes

- The DMAS qualified provider or assistant (under supervision) must write progress notes for each visit.
- Documentation in progress notes must address response to treatment as it relates to the long term goals and the POC.

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Progress Notes

- Progress notes must clearly identify the provider/therapist rendering the service including their full name and title.
- Progress notes must include the signature of the provider/therapist rendering services.
- Evidence of the supervisory visit of the therapy assistant must be documented by the DMAS qualified provider.
- The documentation supporting the supervisory visit must include signature of the DMAS qualified provider.

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Optional Progress Notes Forms

- Physical Therapy Progress Notes
  - DMAS 36
- Occupational Therapy Progress Notes
  - DMAS 48
- Speech Language Therapy Progress Notes
  - DMAS 34
- Audiology Progress Notes
  - DMAS 41

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Considerations for Progress Notes

Additional procedural requirements:

- Student Response to Treatment
  - If you have a vendor, make sure that they are not using any default values as they are not acceptable. Each record needs to be child specific.
- Make sure your progress notes include:
  - Date
  - Type of Contact (individual/group, cancellation reasons)
  - Please provide a key to any abbreviations used
  - Activity (check off on form)

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Progress Notes

- Good Examples
  - OT: Student seen in classroom for handwriting sizing and alignment practice using structured activity. Use of boxes and model to write a lowercase alphabet with correct relative sizing and alignment. One verbal cue to write his first name with 80% accuracy of alignment. Activity completed to increase distinction and identification of "short, tall, and tail" letters with boxes for alignment. He near copied a sentence on highlighted manuscript line with 1 verbal cue with 92% correct alignment but no spaces between words. Total assist required to use spacer to re-copy sentence with 84% alignment and adequate spacing.

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Progress Notes

- Good Examples
  - PT: Tried student in the Bronco gait trainer today. He is very mobile in it and navigated in the hallway and through narrow door openings. Used a bunny hop type gait with both legs moving together simultaneously. PT recommended to teachers that they use the Rifton pacer for walking indoors as his gait is reciprocal, and use the Bronco for outdoors as it has larger wheels and is designed for such. Transferred from the Bronco to his classroom (Rifton) chair with min assist of one for balance, using the gait trainer for support and then pushing himself back in the Chair.

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Progress Notes

- Good Examples
  - ST: Comparing and contrasting two nouns when give a visual support for "they are the same because they both ____" and "they are different because one is ___ and one is ___" 20% required scaffolding and closed sets in order to answer questions. Student produced voiceless "th" in the initial position of words at the phrase level with 70% accuracy.

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Progress Notes

- Problematic examples
  - OT: Student is beginning to write with good letter formation and spacing. Have sent home man worksheets and cutting sheets and the family has been excellent with the follow thru.
  - PT: In PE participating in all activities hitting a balloon up in the area consecutively, using a paddle or a racket to hit the balloon in the air. Did not sit down once to rest, standing up from the middle of the floor using a half kneel progression.
  - ST: service provided. no data taken
  - ST: therapy activities
  - Student Uncooperative

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Discharge Summary

- When a service is discontinued, regardless of reason, the student's progress and response to treatment, and recommendations for future care must be documented in the service record.
- Services must be considered for termination in the following circumstances:
  - Student has met their long-term goals
  - Student no longer benefiting from therapy
  - Rehabilitation vs. Habilitation vs. Maintenance
  - Student has unstable condition affecting ability to participate
  - Temporary vs. long term instability
- The discharge summary may be documented within the progress notes.

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Discharge Summary (cont'd)

- A discharge summary must be written if the service continues, but no longer meets DMAS requirements for billing (i.e., qualified provider determines that services are not required, but IEP team determines that services will continue). In this case, a discharge summary must be documented. (More on this in later slides.)

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Discharge Summary, Cont'd

- If a student is transferring to another school and the services are to continue, a discharge summary is not required.

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Discharge Summary, Cont'd

- Temporary versus long-term instability:
  - Temporary instability: surgery, goes on medical homebound, services are "paused" and return to school/services are anticipated - document in progress notes, no discharge summary needed
  - Long-term instability: Complete discharge requirements

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Discharge Summary, Cont'd

- Additional reasons to consider termination of services:
  - Student no longer identified as having a disability. This must be documented in the IEP
  - Skill of DMAS qualified provider is no longer required, regardless of continued eligibility and IEP status with LEA
  - If you believe that the student NO LONGER requires your discipline-specific services, this must be documented in the IEP (not Prior Written Notice). Your statement in the IEP might look like this:
    - *Current data does not support that the skilled service of OT/PT/Speech therapy is required to support the educational goals and objectives on this IEP. However, the inclusion or exclusion of OT/PT/Speech therapy services is an IEP team decision to be made after considering all factors.*

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Discharge Summary – Cont'd

- Must be documented within 30 calendar days of discharge and include all of the following, but is not limited to:
  - Summarize student's progress relative to treatment goals;
  - The reason for discharge;
  - The student's functional status at discharge compared to admission status;
  - The student's status relative to established long-term goals met or not met;
  - The recommendations for any follow-up care; and
  - The full signature, title and date (month/day/year) by the qualified provider.

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Discharge Summary – Cont'd

- Good example:
  - Student was initially referred by his father and kindergarten teacher in the fall of 2017 and found eligible in January of 2018, due to concerns with articulation. At the time of initial eligibility, Brayden was having difficulty producing the following sounds: /V/, /L/, /TH/, /SH/, /S/, /Z/, /CH/, /R/ and their blends. In March of 2020, student received continued eligibility through the re-evaluation process for a speech-language impairment, as a result of articulation errors on the following sounds: /L/, /R/ and their blends. Although at the time of re-evaluation, the /R/ sound and its blends were still not developmentally appropriate, student has made progress towards his speech goals of improving the /L/ sound, and is showing mastery of the /R/ sound as well.

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Discharge Summary – Cont'd

- Good example:
  - Therapy data from the current school year (September 2019-March 2020) indicates that student is able to produce the /L/ sound during sentence formulation with an average of 98% accuracy, and the /R/ sound during sentence formulation with an average of 96% accuracy. He requires little to no prompting to produce all phonemes correctly. Student occasionally requires minimal prompting to reduce his rate of speech during conversational speech, specifically under times of high emotional stress. Due to his progress and current level of performance, dismissal from speech-language therapy is being recommended. Parents are encouraged to contact CCPS if regression occurs.
- Problematic
  - No longer eligible for SLI services.

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CLARIFICATIONS OF DMAS SIGNATURE REQUIREMENTS

Why clarify?

- School divisions and their vendors are increasingly relying on electronic record-keeping.
- Use of DMAS forms decreasing.
- DMAS clarified requirements to improve their applicability to electronic records.
- Letter sent to SLPs in August and OT and PTs in September.

Clarification of Signature Requirements

Purpose of signatures

When you sign a piece of documentation you are acknowledging, confirming or approving that the documentation is complete and accurate.

Clarification of Signature Requirements

Purpose of signatures

The responsible, qualified (licensed) therapist signature is required to:

- Acknowledge that they completed the student's **Evaluation**. (Page 6)
- Confirm that they developed the **Plan of Care**. (Page 3)
- Approve the **documentation of services** provided by personnel under their supervision (e.g., progress notes)2. (Page 3)
- Confirm their **supervisory review of care**, at minimum, every 30 to 90 days. (Pages 3 and 7; and LEA Provider Manual, Chapter 2, Page 14)

Clarification of Signature Requirements

The signature of the provider **rendering** services:

- Must be included with progress notes for on-going therapy services.

Clarification of Signature Requirements

Where a supervising or rendering provider signature is required, it must include, at minimum, the first initial, last name and title of the provider, and be dated with the month/day/year of the signature.

Signature Requirements

DMAS does not require the use of the DMAS forms (e.g., DMAS 51, 42, 34, 33). These are provided to LEAs as a reference.

Clarification of Signature Requirements

If the DMAS forms are used, however, there are additional requirements in place due to the nature of a paper-based record system (individual pages can be lost, separated or made out of order).

Clarification of Signature Requirements

Because pages can get lost, etc.

- If the DMAS 34 Progress Note form is used, the *DMAS-qualified provider* must initial, sign and date the form. (LEA Provider Manual, Chapter 6, page 3). *This means, in practice, the provider is signing each page of the form, if multiple pages are used.*
- If the DMAS 34 Progress Note form is used, the *rendering provider* initials may be used in the documentation of the individual session notes, with the rendering provider's full signature used at the bottom of the form. (Each page of the form.)

CLARIFICATIONS OF "SUMMARY OF PREVIOUS TREATMENT" REQUIREMENTS

Summary of Previous Treatment

- A summary of previous treatment and results must be included in the documentation of the student's **Evaluation**.
- There is no DMAS requirement that a summary of previous treatment and results be included in the student's plan of care documentation.
- Confusion came from the inclusion of this on the form, but it's not in policy.

EVALUATIONS

Therapy Evaluations

If the services are included in the student's IEP, the evaluation for those services may be billed.

*Evaluation documentation does not have to be in IEP prior to start of the evaluation, as they are performed to determine the need for an IEP or appropriateness of the health services in the current IEP.

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Therapy Evaluations

- A Request for Evaluation must be documented. It must state that the reason for the evaluation is to determine:
  - The student's Plan of Care and
  - The student's eligibility for special education and related services; or
  - For a student that already has an IEP, a change in condition or functional status necessitating a re-evaluation.
- Must be performed by a DMAS qualified provider within their scope of practice.
  - Evaluations completed by a non-DMAS-qualified provider, including supervised personnel, cannot be submitted for reimbursement.

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Therapy Evaluations

- Evaluation documentation requires all of the following:
  - Medical/treating diagnoses or identifying issue;
  - Current findings;
  - Current functional status (strengths and deficits); and
  - Summary of previous treatment and results.

There is no specific form for therapy evaluations, but the provider must address previous treatment and results in their documentation, regardless of where the documentation is located.

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Evaluation Cycles

- IDEA requires periodic evaluations (e.g., reevaluations and triennials).
- The IEP TEAM MUST review existing data and determine if additional data is required.
- Evaluations done without consideration of existing data (as per county policy) and the need for additional data are NOT BILLABLE.

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POINTS TO REMEMBER

Evaluation Information in PWN & IEP

- Prior Written Notice (PWN) is NOT part of the IEP.
- VDOE regulations require information be included in the PWN.
- Include information in IEP to cover DMAS requirements and Prior Written Notice (PWN) to cover VDOE requirements. All assessments considered does not suffice for VDOE requirement.

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IEP Team Writes for Services

What if:
IEP team writes for services, but the qualified provider does not support the decision?

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IEP Team Writes for Services

- IEP team must meet again and review data for services.
- Possible Outcomes from Qualified Provider Determination:
  - IEP team can choose to evaluate the student for the service type to determine need for services (*if, as a result of the evaluation, the services are included in the IEP, the evaluation is billable*), or
  - IEP team can convene and use existing data to make any necessary changes to the IEP (add information in the present level from the provider to justify services or remove the service if provider recommends that, based off of current data) *(if provider determines need, services are billable, if the provider does not agree/does not determine a need for services, services are not billable)*. Get parental consent for that change, or
  - Document the concerns of the provider related to addition of services, but the team consensus is to still include the service on the IEP *(services are provided due to team consensus, but services are not billable)*

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Data Reporting Requirements

- IEP or billing software may require percentages but this is not a DMAS requirement.
- Response to procedure in progress notes must be measurable with no abbreviations unless there is a key.
- Response to procedure data should align with what is written in your goal.

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Billing

- For covered services that require a written order, referral or prescription, the National Provider Identifier (NPI) number of a DMAS-enrolled, qualified provider that is licensed or otherwise authorized to order the service or services being billed, must be included on the service claim.

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Billing for more than one visit per day

- Visit defined as treatment session, not measurements of time.
- If therapist provides several services during a visit = one visit.
- If therapist provides two distinctly separate therapy sessions on same day = two visits.
- Combined visits by more than one therapist cannot be billed as a separate visit if the goal(s) of the therapists are the same for the visit (e.g., two therapists are required to perform a single procedure).

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Supervision - Who can do what?

- Only a DMAS-qualified, licensed OT/PT/SLP can develop a plan of care; however, the implementation of that plan may be carried out by OTA/PTA or SLP without a Master's degree.
- In order to seek reimbursement for an evaluation, it must be completed by a DMAS-qualified licensed therapist acting within the scope of his/her practice.
- Progress notes must be signed and dated by the therapy assistant providing the treatment with evidence of supervision by the licensed therapist per state licensing requirements.

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In case of an audit…

- If you get audited by DMAS, they may ask for:
  - IEP
  - IEP Progress Report
  - Documentation of student's assessment or evaluation
  - Plan of Care
  - Therapy Progress notes
  - Transportation logs
  - Discharge summary (if applicable)
- These documents MUST align to provide an accurate picture of the student's strengths, deficits and progress on goals.

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How does documentation impact reimbursement?

- A Centers for Medicare and Medicaid Services (CMS) requirement is that you bill all services provided that meet Medicaid requirements.
- The billing compliance review (BCR) requirement is selecting 50 students (that meet audit standards) and determine the amount of services provided to each student and the number of services that were paid.
- The percent of services delivered and not paid will be retracted from the cost settlement report.

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RESOURCES

LEA Provider Manual

- Go to www.virginiamedicaid.dmas.virginia.gov
- Click on Provider Services
- Provider Manuals
- Choose "Local Education Agency" in the "Available Menu" drop down option and click "submit"

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New!

- More information is now available at www.dmas.virginia.gov
- Click on Programs and Services
- Scroll down to School-Based Services
- Forms to be added soon!

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Contacts:

- Department of Medical Assistance Services
  - Rebecca Anderson, Manager, Policy Research & Analysis
    Rebecca.Anderson@dmas.virginia.gov
- Virginia Department of Education
  - Amy Edwards, Medicaid Specialist
    Amy.Edwards@doe.virginia.gov
- Virginia Beach Public Schools
  - Jill Robinson
    Jill.Robinson2@vbschools.com
- Chesterfield County Public Schools
  - Amy Barnett
    Amy_Barnett@ccpsnet.net

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